

## 2. Future Governance Structure

In order to sustain the momentum generated during the SIM Design Phase, provide oversight and staff support detailed design and implementation, we will establish the following structures:

**EXHIBIT 32: Future Governance Structure**



- **Healthcare Innovation Steering Committee:** a group similar to the existing Steering Committee with additional consumer advocates, consumers, health equity and provider representation, will guide Connecticut's SIM initiative. It will be responsible for: overall strategic guidance; reviews of SIM's impact; and coordination with other public and private initiatives.
- **Consumer Advisory Board:** The Consumer Advisory Board will be directly linked to the Steering Committee and the Program Management Office for the purpose of providing advice and guidance. The Consumer Advisory Board will also be invited to arrange for consumer representation on each of the SIM taskforces and councils, as well as the steering committee. The Consumer Advisory Board will facilitate consumer participation at these meetings, provide the necessary guidance and support, and discuss issues brought back from the meetings with the larger group. This will reinforce consumers in every part of the planning process. The Board will solicit further input from the broader consumer community on an ongoing basis. The Consumer Advisory Board will also coordinated participation of consumer organizations and networks, including the navigator and assister network created through Access Health CT.

- **Healthcare Cabinet (HCC):** Was established in 2011 to advise Governor Dannel P. Malloy and Lieutenant Governor Nancy Wyman on issues related to implementation of federal health reform and the development of an integrated healthcare system for the state. The Healthcare Cabinet will provide input and guidance to the Steering Committee and Project Management Office.
- **Program Management Office (PMO):** a state office composed of approximately five full time state employees, who will manage vendors, oversee evaluation efforts, communicate SIM progress to the public and state government, engage with stakeholders, and provide staff support to SIM. Accountability for health equity will reside within the PMO. Health equity objectives and solutions will be integrated into the work of the various councils and task forces.
- **Provider Transformation Taskforce:** a group that will be comprised of consumer and health equity advocates, physicians, behavioral health providers, hospital executives, payer medical director, and a self-insured employer representative, all with direct experience with provider transformation. The taskforce will: set medical home standards; advise on vendor selection for transformation support and practice certification; and coordinate with practice transformation standards and support to align with other care delivery models in the state (e.g., DMHAS behavioral health homes).
- **Quality Metrics Council** will develop a core measurement set for use in the assessment of primary care, specialty and hospital provider performance and the overall evaluation of the Connecticut health and healthcare systems. The council will develop a common provider scorecard format for use by all of the payers. The measurement set will be reassessed on a regular basis to identify gaps, to incorporate new national measures as they become available, and to keep pace with changes in technology and clinical practice. The Council will be comprised of consumers, consumer advocates, a health equity advocate, physicians, behavioral health providers, hospital medical directors, payer medical directors, statisticians from private payers, and an epidemiologist from DPH, all of whom have technical expertise and experience with measurement of health, quality, equity, and consumer experience. Physicians representing all types of physician practices will be consulted in the metrics development process.
- **Health Information Technology Taskforce** will be comprised of a group similar to the one currently advising the SIM HIT process. Participation criteria include formal authority or the ability to influence public or private HIT systems and technical HIT expertise. The taskforce will: set HIT priorities and develop payer and provider education materials; define standards for system interoperability and consistent formats for reports and portals; and coordinate with HIE, HIX, other HIT-intensive initiatives.
- **Equity and Access Council** will be comprised of consumer and health equity advocates, public health expert including NCQA, NQF, and Medicare, academics, and clinicians with a commitment to ensuring long-term, systemic provision of appropriate care and

access, especially to typically underserved communities. They will recommend retrospective and concurrent analytic methods to ensure safety, access to providers and appropriate services, and to limit the risk of under-provision of requisite care; recommend a response to demonstrated patient selection and under-service; and define Connecticut's plan to ensure the AMH model systematically includes at-risk populations.

- **Workforce Taskforce:** will provide counsel and support in the execution of the six initiatives described in Enabling Initiatives, D. Healthcare Workforce Development. The council will monitor shifts in workforce needs as the implementation of this plan progresses, and will advise on how these needs can be best addressed. The council will consider whether scopes of practice of health professions and/or allied health professions need to be addressed, and if so, the process by which they should be addressed. The council will be comprised of senior educators and administrators broadly representative of the colleges and universities that educate Connecticut's clinical professionals and allied health professionals and of the clinical professions: dental medicine, medicine, nursing, pharmacy, physician assistant and social work, experts in field of health workforce development, and representatives of both non-profit and for-profit healthcare providers.

Lieutenant Governor Nancy Wyman will provide the overall authority for the Connecticut Healthcare Innovation Plan ("Innovation Plan"). The Project Management Office (PMO) will be accountable for the conduct of specific initiatives, especially those that involve interagency collaboration or which do not fall within the purview of a single line agency. Accountability for other elements and initiatives of the Plan will reside within line agencies. These agencies will work closely with the PMO to implement aspects of the Plan and the designated line agency leads will participate on the SIM implementation team. During the next several weeks, we will determine which departments and individuals will have ownership and accountability over specific initiatives.

To the extent possible, decisions regarding the plan will be made in a collaborative process with the Program Management Office, the taskforces and councils, the Healthcare Cabinet and the Consumer Advisory Board, with the Lt. Governor being the ultimate decision maker.

During stakeholder feedback, a variety of healthcare professionals requested involvement in the SIM governance structure. We believe it is important to garner as many diverse perspectives as possible to create meaningful reform. We will consider whether and to what extent representatives of the many healthcare professionals will be appointed to councils directly versus advising through a separate mechanism.